

## COMPLAINT FORM

**Note to consumer:** The Texas Department of Public Safety, Private Security Bureau investigates alleged criminal violations of Chapter 1702 Texas Occupations Code and alleged administrative violations of 37 TAC 35 Texas Administrative Code. The information you provide in this complaint will be evaluated for jurisdictional authority, so be as complete as possible in the information you provide.

**It is very important that this form be filled out completely. You may attach or transmit additional pages if necessary.**

**Please print or type clearly.**

Your name: \_\_\_\_\_

Your address: \_\_\_\_\_  
Number & Street City State Zip

Your telephone (area code + number): \_\_\_\_\_

Alternate phone where you can be reached: \_\_\_\_\_

Full name of person or company against whom you are complaining:

Address of person or company: \_\_\_\_\_  
Number & Street City State Zip

Telephone of person or company (area code + number): \_\_\_\_\_

Complaint details (attach separate sheet if necessary)

Have you enclosed copies of any letters, checks, receipts and other documents relating to your complaint?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

Signature of complainant: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTICE: This is a Governmental record.  
Any false statement made on this document is considered a criminal violation.**